

WILLOUGHBY HILLS FOOTBALL

Sponsored by the Willoughby Hills Boys League

WILLOUGHBY HILLS TACKLE FOOTBALL SIGN-UP FORM



Players will be notified in advance of the start of practice

Birth Certificate and \$110.00 Fee (checks payable to the City of Willoughby Hills)

A physical in not required ... but it is highly recommended

{ } "A" TACKLE TEAM

9-10-11-12 year olds

Must be 9 on or before August 1st, 2013

Cannot be 12 on or before June 1st, 2013

145 lb. Weight Limit (Equipped)

{ } "B" TACKLE TEAM

7-8-9-10 year olds

Must be 7 on or before August 1st, 2013

Cannot be 10 on or before June 1st, 2013

130 lb. Weight Limit (Equipped)

PLAYER INFORMATION

NAME: _____

DOB: _____ AGE: _____ WEIGHT: _____

PARENT NAME(S): _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

HOME NO. _____ EMERGENCY NO. _____

EMAIL ADDRESS: _____

Call With Questions: Joe Jarmuszkiewicz (440) 840-5542 joejarmus@yahoo.com
City Hall Recreation Dept (440) 975-3540

Mail To: City of Willoughby Hills Recreation
35405 Chardon Road
Willoughby Hills, OH 44094
ATTN: FOOTBALL PROGRAM

Release of Liability: I/we, the parents of the named participant, who is a candidate for a position in the Willoughby Hills Recreation Department Sports Program, Willoughby Hills Boys League, hereby give my/our approval to their participation in any and all activities of the League. We assume all risks and hazards incidental to the conduct of the activities and transportation to/from activities. We do further hereby release, absolve, indemnify and hold harmless the City of Willoughby Hills, the Willoughby Hills Boys League, the organizers, sponsors, and supervisors, any or all of them. In case of injury, we hereby waive all claims against the City of Willoughby Hills, the Willoughby Hills Boys League, the organizers, sponsors or any of the supervisors appointed by them. We likewise release from responsibility any person transporting the participant to and from our activities. We will provide both a certified birth certificate of the above named player upon request from league officials.

Hospitalization: I/we as parent(s) have "Blue Cross" or an equivalent insurance to cover my/our child(ren) in case of injury.

YES _____ NO _____

In the event that any of the above named children or any other members of our family, as participants, should be injured

I acknowledge that I have read and fully understand the "Release of Liability" statement above.

Parent's / Guardian's Signature

Date

Emergency Contact

Phone